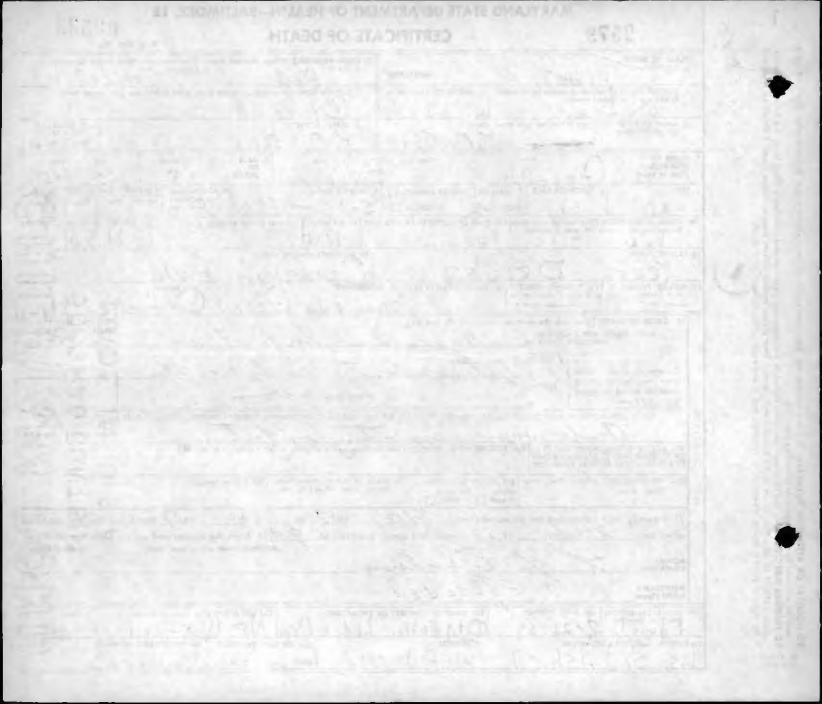
19533 9579 CERTIFICATE OF DEATH 4 例 Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (In outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street interess) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NAME OF First Middle Lost 4. DATE Month Yeor Day filled DECEASED (Type or print) DEATH 19 ( S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE lost\_birthdoy) Months Doys WIDOWED A DIVORCED [ угь 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN es, may wor or dotes of services 27 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 P. WAS AUTOPSY PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING | 200. DESCRIBE HOW INJURY OCCURRED. (Enlectagure of injury in or contributing | Cause of Death (If Either, Notify Medical Examiner) art I or Parl II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from 1922, that I last saw the deceased M, from the causes and an the date stated above. alive on\_ and that death accurred at... ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote MOVAL (Specify) 0 ADDRESS 23# FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 15M 9/55 C Thur

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	V	'S A15 (4) 5M 9/55		
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	CERTIFICA	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY TALBOT	MARYLAND	o. STATE MARYLAND	b. COUNTY (AROLINE)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION MCMORIAL	ress)	d. STREET ADDRESS	Is residence     On a farm?     YES    NO
3. NAME OF DECEASED (Type or print) HARRY	EDWARD	BULLOCK 4. DATE OF DEATH /	146-457 12 1959
MALE WHITE WIDOWED	DIVORCED [	ICIODEN II 1892 I	GE (In years of FUNDER 1 FEAR IF UNDER 24 HRS, bighday)  Months Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	CLF	DELAWARE	12. CITIZEN OF WHAT COUNTRY  U.S.A.
13. FATHER'S NAME CORGE ALFRE	D BULLOCK	14. MOTHER'S MAIDEN NAME	Miner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO. (19. no. of volument) (11 yes, give wor or dates of service) 203-	18-5356	SON	Address
18. CAUSE OF DEATH [Enter only one couse per line] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Clercy ly	le intolune	e interval between onset and death
Conditions, if ony, which (b)	lyoke	obstretion	
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> [c]			
ICATI	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
200. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (	Enter nature of injury in Part I or Port II o	f item 18.)
Z 20c, TIME OF INJURY Month, Doy, Year 20d, INJU While of work	Not while / factor	OF INJURY (Home, farm, 20f. (City or ty, street, office bldg., etc.)	own) (County) (State)
21. I certify that fattended the deceased alive an 19	fram, and that death o		, 19,that I last saw the decease e causes and on the date stated above
ACTUAL SIGNATURE COLYLER	M.	2195 ADDRESS (Street,	city or town, stole) DATE, SIGNER
PHYSICIAN'S F. C.H. So	hmidt	Ezston 16	Maryland
Semon Colly 13/59	C. NAME OF CEMETERY OR C	REMATORY 22d 10CATION	(City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS O	246. REC'D BY REGISTRAR DATE MIG 1 7 '59	24b. REGISTRAR'S SIGNATURE CLEThur S. Kraun

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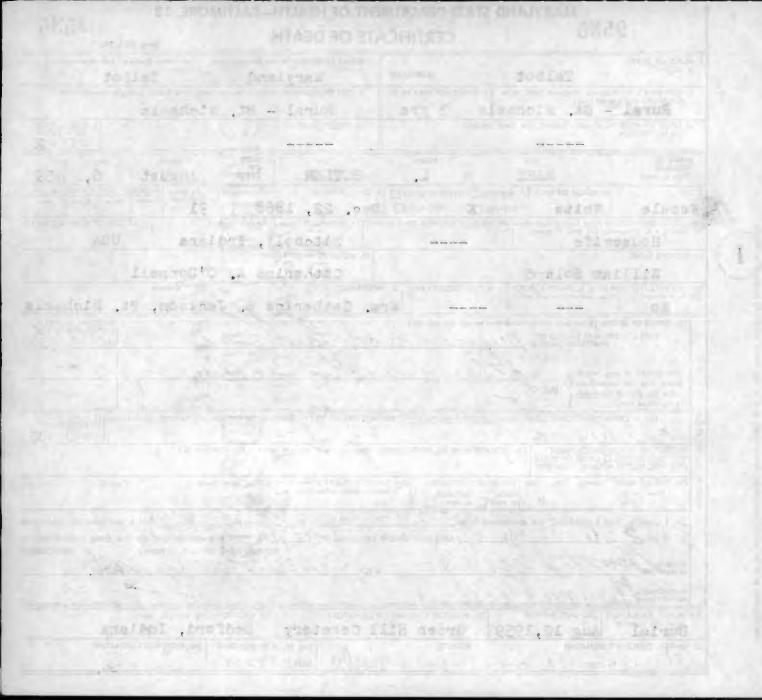
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					Reg. Dist. No.
PLACE OF DEATH     a. COUNTY	Talbet	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission)  Talbet
B. CITY OR TOWN RURAL and give r		ELLENGTH OF STAY IN 16	li .	autside carporate limits, write RU - St. M1chae	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street ad	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED [Type or print]	First <b>MARY</b>	Middle L.	BUTLER	4. DATE Month OF DEATH AUgu	
s. sex Female	6. COLOR OR RACE 7. MARRIEI WIDOWED		8. DATE OF BIRTH 18	67 9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of wor	ON (Give kind of wark done 10b. Kli rking life, even if relired)	ND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (SIGN		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	lam Boland			ine A. O'Donn	ell
15, WAS DECEASED EV	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service]		informant 's. Catheri	Addre ne B. Jackson	. St. Michaels
PART I. DE.  Conditions, if a gave rise to cate (a), stating lying couse last.	the under-	praide hero sele	of for	leve ordioil	INTERVAL BETWEEN
PART II. OT  200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	HER SIGNIFICANT CONDITIONS CO.	ntributing to DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING () G () CAUSE OF DEATH MEDICAL EXAMINER)	ISE HOW INJURY OCCURRE	D. (Eyler nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	While		ACE OF INJURY (Home, for ictary, street, office bidg., et		(County) (State)
21. I certify the clive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the deceased the first the firs	from 5-2-7	n accurred at 5 mm.	77	that I last saw the decease and an the date stated above the DATE SIGNED
	Aug 10,1959	22c. NAME OF CEMETERY C		22d. LOCATION [City, lawn, or Bedford, I	county) (State)
23. FUNERAL DIRECTOR		ADDRESS Miy	// . // .	D BY REGISTRAR 246. REGIST	RAR'S SIGNATURE

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. may be retained by the TO FUNERAL DIRECTOR: TO HOSPITAL OR ATTEN VS A15 (4) 15M 9/SS



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			CERTIFIC	AIE OF DEAL	П	Reg. D	ist, No.	
1.	PLACE OF DEATH O. COUNTY ALGOT		MARYLAND	2. USUAL RESIDENCE (10 o. STATE Mary:		L COLUMN CI	oline	7
	b. CITY OR TOWN (If outsi	de corporale limits, write :	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate li	mits, write RURAL and	give nearest lown)	
L	EASTON	J .	1/2 to	Fed	eralsburg	- Rural	05 X 3	1
	d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give street a	bitA6	d. STREET ADDRESS	Chestnut	Grove	e. IS RESIDENC ON A FARM YES A NO {	3
3.	NAME OF DECEASED (Type or print)	HAROLd	JAME	S DEW	4. DATE OF DEATH	August	28 195	9
S.	SEX 6. C	OLOR OR RACE 7. MARRI	ED T NEVER MARRIED	B. DATE OF BIRTH	9, AC	GE (In years) IF UNDE		
L	MALE	WhITE WIDOWE		July 21	1/8/16	63m	Doys Hours Mir	1.
104	during most of working life	e, eyen if retired)	KIND OF BUSINESS OR INDI Le)	JSTRY 11. BIRTHPLACE (SHO		igeport)	U. 5. A	ITRY
13.	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
	JAN	IES DE	W	ELLA	3000000	dock Rely	ea	
	WAS DECEASED EVER IN U	J. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	,	Address		
L	Yes		16-18-5981 M	rs. Flossie	A. Dew. Fe	ederalsburg	Md. RFD	
		Enter only one couse per lin	e for (91.)(b), and (c).]	./	1		INTERVAL BETWEEN	4
	PART I. DEATH W.	AS CAUSED BY: EDIATE CAUSE (6)	Caron aug	Herore VI	kzen		3 les	•
	420,1	DUE TO	1					
	Conditions, if any, w							
	gove rise to immed cause (o), stating the un							
	lying couse lost.	(c)						
CATION	PART II. OTHER SK	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	NOTION GIVEN IN PAI	RT 1(0) 19. WAS AUTOP PERFORMED? YES NO	>
CERTIFI	20a. ACCIDENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enler nature of injury i	n Port I or Port II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Mo Hour o. m. p. m.	While	Not while of work	LACE OF INJURY (Home, fa sciory, street, affice bldg., a	rm. 20f. (City or to	wn) (	(County) (Ste	ole)
	21. I certify that I	attended the decease	d from	. 19 . to	28 aug	1959 that I	last sow the decer	ara
	glive on 28	leve 195	_	n occurred at 12:20	OP M from the	and the sharp in		
				TO COUNTY OF THE PARTY		city or town, state)	DATE SIG	
	ACTUAL SIGNATURE	un tre &	laui'm	M.D. ,	Carte	Mayla	ud 28 kay	.2.
	PHYSICIAN'S NAME (Type)	THURSTON	Hanaison	V			/	
220	PENOVAL (Speciful	Aug. 31, 1959	Hill Crest	_		(City, town, or county)	(Slote) yland	
23.	FUNERAL DIRECTOR'S SIGN		ADDRESS		C'D BY REGISTRAR			
	4 ( ) trains	too and C	7 0 () 0		3 '59	Chillian d.	1 P. Sanda	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: may be retained by the pspital or attending physician.

TO FUNERAL DIRECTO. There this certificate has been signed by the attending physician and completely filled in by the funes page 3 should be detached far use as the burial-transit permit. Then please remove carbon papery. Pages and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

Page 4

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4, may be retained by the isplical or attending physician. TO FUNERAL DIRECTO, After this certificate has been signed by the attending physician and campletely filled in by the fune page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be 17 ed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer teath.

VS A15 (4) ISM 9/S5

9562 1. PLACE OF DEATH

# 2 CERTIFICATE OF DEATH

Reg. Dist. No. (19539

1, PLACE OF DEATH a. COUNTY	- 4		13	. USUAL RESIDENCE (W	there deceased live	d. If institution I	lesidence before	odmission)
TA	bot.	MAR	YLAND	Mary	16 amel	0. 000111	ALbol	p
b CITY OR TOWN RURAL and give	(If outside corporate limits, writ	e. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RURA	L and give neare	est fown)
nonne ond give	EASTON	10h12 4	7 Terror	FASTOR	4			
d. NAME OF HOSP	TAL (If not in hospital, give str	eet oddress)		d STREET ADDRESS	**		10.	IS RESIDENCE
OR INSTITUTION	. 11 11	-	'	De	Н.	, ,		VES A FARM?
2 1444 01	CHOPIAL TTO			/Yen long	rigil	/		
3. NAME OF DECEASED	Af First	Middl	ie .	Last .	4. DATE OF	Month	Day	Yeor
(Type or print)	Jage	13		£1115	DEATH	aug.		
5. SEX	6. COLOR OR RACE 7. M	ARRIED ANEVER MARE	RIED 🔲 B. I	DATE OF BIRTH	9. A			F UNDER 24 HRS.
make	White WIDO	OWED DIVORC	ED 🔲	1907 Bul		5° 2 yrs.	on this Days	Hours Min.
10o. USUAL OCCUPAT	ION (Give kind of work done 1	Ob. KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Gran	e or fareign countr	r)	12. CITIZEN OF	WHAT COUNTRY?
12	rking life, even if retired)	Them		D.			7,0	
13. FATHER'S NAME	le Plan	Marme	1	14 MOTHER'S MAIDEN		!	45	EL .
17				A MOTTER'S MAIDEN	1 VAINE	/		
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IS, WAS DECEASEDEN	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N	O 17. INF	MANT 6	11: 1	Address	A +	_ 7. ,
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	EATH [Enter only one couse pe			0/	11			VAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Carellia	661 tu	of the int	pli a te	-9	Olase	1/4-62
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Conditions, if	any which I		6					
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couse (o), stating								
lying couse lost	, (0)							
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3								YES 🔲 NO 🔯
200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	G   CAUSE OF DEATH	DESCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Part I ar Parl H o	filem 18.)		
	Y MEDICAL EXAMINER)							
		I. INJURY OCCURRED		OF INJURY (Home, far.		own)	(County)	(State)
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	that I attended the dece				. 7	/		w the deceased
alive an	£ 3 166 Ligarian 19	227, ghd tha	it death a	ccurred at 3:01				stated above.
	7/1	/.			ADDRESS (Street,	city or town, state	"	DATE SIGNED
ACTUAL SIGNATURE	/ Alle: Por of	Ellaha ku -	М	)(	acte	Mac 1	ulu(,	Z+ · Willer
Bilwerer a nor		, 1.	- 0					/ /
PHYSICIAN'S NAME (Type)	: HU.7370	N MAI	16 15	10				
224. BURIAL CREMATI	ON, 225 DATE THEREOF	12C NAME OF CEN	METERY OR C	KEMATORYA .	229 YOUND	Wity, tayth, of to	(Show	(Side)
REMOVAL Specif		9 Mauril	Reipl	Swith Son	VALI	RANGE	Ven 1	Da
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The state of		Cart	m.	A.	D BY REGISTRAR		R'S SIGNATURE	
1 Kus	Secret	(1)40000-M	110	DATE	P 1 '59	anthun	2 France	



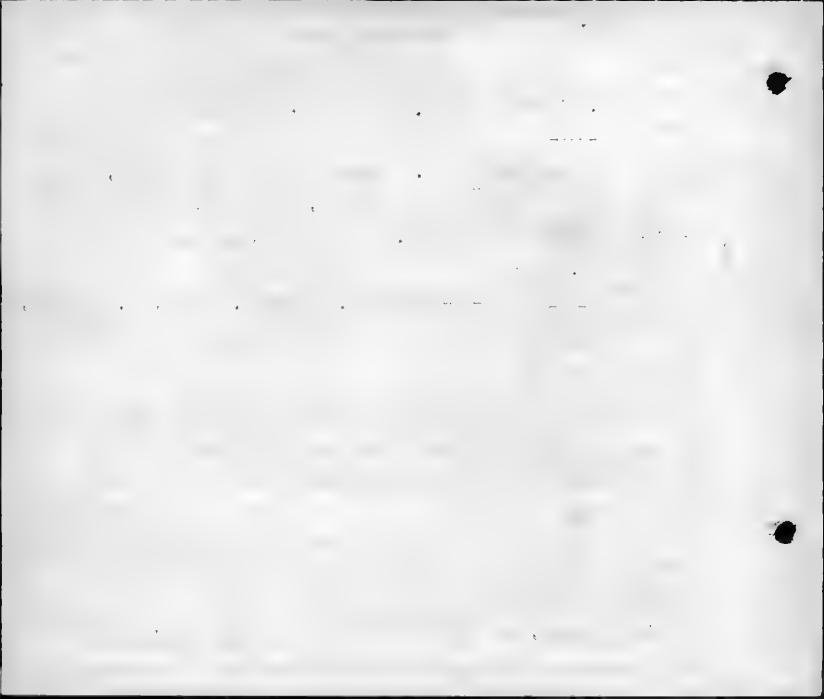
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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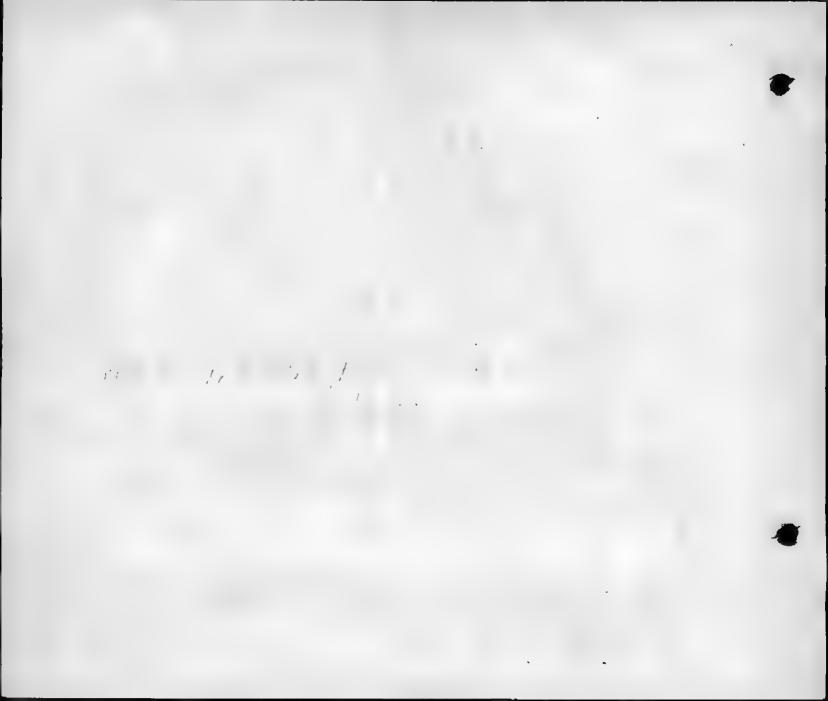
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W 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	9563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09541
FOR STATE	Item 3 Film 4248 9-3-59 et Reg. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before odm ssion) a. COUNTY
	6. COUNTY 4 Jabot MARYLAND STATE Florida 6. COUNTY 4
T = 5	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)  c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown)
sary of of	Easton. DOA Punta Gorda (Part Charlotte)
dire ary	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e 15 RE GENCLE ON A FARM?
2 P 8 17	Memorial Hospital 207 Normandy YES NO
lay blate eath	3. NAME OF First Middle Last & 4. DATE Month Doy Year
de se	(Type or print) EThel Fairweather HANNEN DEATH August 21 1959
aft da	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE in your IFUNDER TYEAR IF UNDER 24 HPS
E B B B B B B B B B B B B B B B B B B B	F WIDOWED DIVORCED DI
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sidle or foreign country)  12. CITIZEN OF WHAT COUNTRY?
P.2.2 d	House wite House wife Canada USA
\$ 20 5 F	13. FATHER'S NAME
and and a	John Chaloner - Fairweather
The same of the sa	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  If the part of territory to
di d	Mes Watter Smith - daughter -
S S S S S S S S S S S S S S S S S S S	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ]
P P P P P P P P P P P P P P P P P P P	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Drain  A 1 U m
S E S S S S S S S S S S S S S S S S S S	8/6 X DUETO A L
e de la companya de l	Conditions, if any, which), b) Automobile Accident
d b	gave rise to immediate couse (a), stating the underlying DUE TO
min a l	couse last. (c)
S S S S S S S S S S S S S S S S S S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
filos de la companya de la companya	5 Freture lett foreura ; Laceration > kne= se lettarn ves NO
bedii,	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) REIMARY Described Floriting Described How Injury Occurred (Enter nature of injury in Part 1 or P
wor wor world	
Sho Sho	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, Not white Not white of work
Page 3	
* 0 d	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
S S S S S S S S S S S S S S S S S S S	opinion death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined manner .
A CT CT OF O	DATE SIGNED
FDIC Forward of Fed	SIGNATURE AD. CHIEF MEDICAL EXAMINER
Me of the second	EXAMINER'S ASSISTANT MEDICAL EXAMINER
UTY alle all des des	NAME (Type) IT VIN G. IT OY! DEPUTY MEDICAL EXAMINER []
Sho sho	220. BURNAL, CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOGATION (Cyy, town, or county) (Store)
0 4 6 9	sure auf 20117 averages energy tallshowne pleuse.
VS. AISME	ADDRESS ADDRESS SIGNATURE  ADDRESS ADDRESS AND ALIGN 2 5 '59  Contact of the cont
5M 2/57	Miller // lastale Flor Carly Ng DATE AUG 25 '59 Only 8. Kraus



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

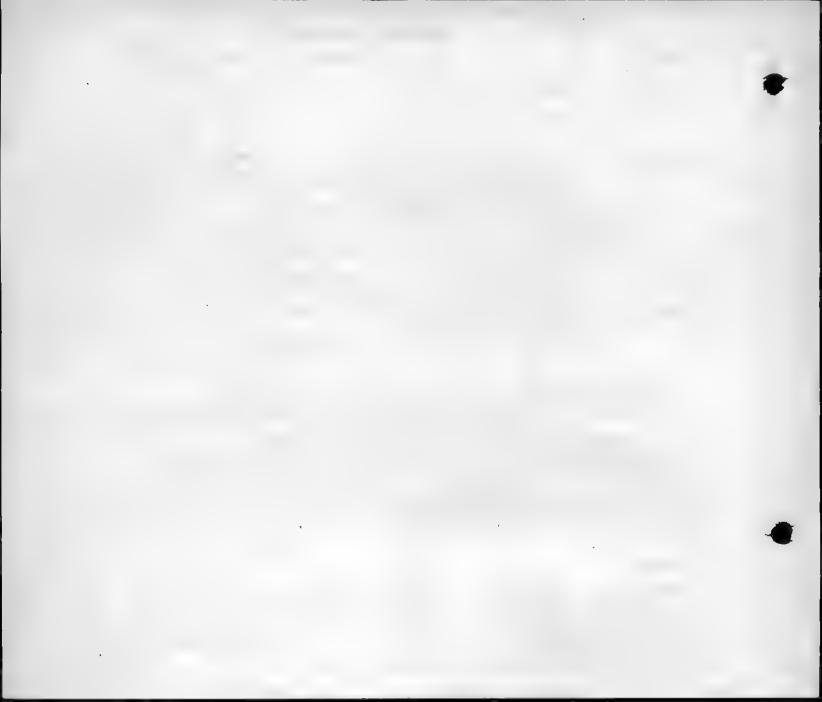
**CERTIFICATE OF DEATH** 

10670

ᆫ					Reg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived If insti		e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN AT	outside corporole limits, writ	e RURAL and give nea	rest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION FROM MEMOV	- 01/.	d. STREET ADDRESS			ON A FARM?  YES NO D
3.	NAME OF BECEASED (Type or print) MR( Ruth	Middle	Harrison	4. DATE OF DEATH	Month Day	Year 19 57
5.	Te White WIDOWED	DIVORCED	a. DATE OF BIRTH	9. AGE (In year lost birthde	Months Doys	Hours Min
	USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S'ON	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
L	MR Joseph Phis	ירג	14 MOTHER'S MAIDEN N	Enow		
	WAS DECEASED EVER IN U. \$\int \text{ ARMED FORCES?} 16. \( \frac{16}{36} \) I. no or unknown! (If yes, give war or defect of sorvice)	OCIAL SECURITY NO 17.	INFORMANT VINIA JONE	s daughter -	- WHTma	ar, nd
	18 CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b) gones (c)]	wie proc	loughiel	L INTE ONS	RVAL BETWEEN ET AND DEATH
	Canditions, if any, which ) (b)					
	gove rise to immediate couse (o), stoling the under lying couse last.					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	P. WAS AUTOPSY PERFOPMED? YES NO
L CERTIF	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURE	ED (Enter nature of injury in	Port I or Port II of item 18 )		
MEDICAL	Hour a.m. While		LACE OF INJURY (Home, form octory, street, office bldg , etc		(County)	(Slote)
	21. I certify that I attended the deceased	d from and that/deat		M, from the cause	,that I last sa	
	ACTUAL CENTRAL SIGNATURE	mel	MO. 2195	DOREST (Street, city or town.		DATE SIGNED
	PHYSICIAN'S E.C.H. S	chrosidt	Ezyl	Joer 16, 1	Maryla.	rd
_	BURIAL, CREMAT ON, REMOVAL (Specify)	22c NAME OF CEMETERY	an is not assemble to a	22d LOCATION (City tow	n, or county)	(Stote)
23,	ELINEDA'L DHACTOR'S HONATURE	ADDRESS / L	man My 240. REC	D BY REGISTRAR 246. RE	GISTRAR'S SIGNATUR	_

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by I provided at attending physician.

TO FUNERAL DIRECTO that this certificate has been signed by the attending physician and campletely filled in by the functionage 3 should be detached for use as the burial-transit permit. Then please remove carbop-poets. Pages 1 and 2 should be the registrar prior to burial, cremation, at remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) ISM 9/S5



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 0E		9565 CERTIFICATE OF DEATH  Reg. Dist. No. (19543)
Poge recto	1. (	LACE OF DEATH  1. COUNTY  Talbot  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)  Talbot  MARYLAND  COUNTY  Calculate  Maryland
deoth:		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CRURAL and give nearest town)
by the fun		S. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OR INSTITUTION  OR A FARM?  YES   NO
22 hou		NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH AUSCUST 31 1959
with Pol	5 5	
xecuted d cample popers leath.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Side or foreign country)
gribon one	13.	FATHER'S NAME
certificate by physician progression from the remove con 72 hours off	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address
he death ce e attending en please re nt within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a). (b). and (c).)  PART 1. DEATH WAS CAUSED BY: Congenital hypertrophy of the heart.  INMEDIATE CAUSE (o) Congenital hypertrophy of the heart.
d by the		Conditions, if any, which ) (b)
n signe nsit per		gove rise to immediate cause (a), stating the under- lying cause last.  DUE TO  (c)
physici nos bee rial-tran	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
tending ficote I the bu	L CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
of or of this cert in the cert in the os emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 29 While Not while at work at wore work at
ADING Spring Shed fa		21 I certify that I attended the deceased from asserted 31, 1959, ta and 51, 1957, that I last saw the deceased alive on alive on alive on and that death occurred at 7/00 M, from the causes and on the date stated above.
a by the certo or to be		ACTUAL SIGNATURE Source City or town, slote)  ADDRESS (Street, city or town, slote)  ADDRESS (Street, city or town, slote)  ACTUAL SIGNATURE  ADDRESS (Street, city or town, slote)  ADDRESS (Street, city or town, slote)
TAL OR retoined (AL DIRE hould be iror prior		PHYSICIAN'S EPaul Ki, +++5 MD
MOSFIT MO	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220-OCATION (City town, or count) (Stole)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Devilon hid 240. REC'D'BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATE OF BY SEGISTRAR 240 REGISTRAR'S SIGNATURE DATE OF BY SEGISTRAR 240 REGISTRAR'S SIGNATURE
(38C 77 33	**/	10-1×1=



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
T 2.5	1 Ps	L	9566 CERTIFICATE OF DEATH Reg. Dist. N	09544
Page rectar		1.	PLACE OF DEATH a. COUNTY  TALbat,  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence be o STATE b. COUNTY  B. COUNTY  PLACE  PLACE  TALBAT  TALBAT	
be be		Г	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest form)	segrest town)
er de nul		L	Faston 14 days Theen anne	
by the	- × 32	L	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION.  Massacrical Hospital  Ostreet Address  STREET Address	IS RESIDENCE ON A FARM? YES NO
24 ho Hed in		1	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  Name OF Death Out of Death Out of State of Death Out of State of Death Out of State of S	Doy Year
ithin Poge		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTHUMBER 9. AGE (In your 1 IF UNDER 1 YEA	AR IF UNDER 24 HRS.
ed w		100	Mare Cut. WIDOWED DIVORCED 1872	
execut nd com on pop death.		100	during most of working life even if retired)	OF WHAT COUNTRY?
cian ar carbo		13.	FATHER'S NAME  PLUS RUSS TO HAS PLANS AND NAME  PLUS RUSS AND THE STATE OF THE STAT	
certifice g ≡hysi remave 72 hour	1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Addings of no or unknown) (If yes, give wor or dotre of service)	anne Ind
Indin ease thin		-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	ITERVAL BETWEEN
he d			PART I. DEATH WAS CAUSED BY: Carcinoma of the stomach	MISET AND DEATH
hat t			75 / X DUE TO	
res t med b rmit			Canditions, if any, which again to immediate DUE TO	
equi sign nd in			couse (o), stoting the <u>under-</u> lying couse lost.  (c)	
physicic physicic as been al-trans	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
AN: The ending icate hite buri		CERTIFIC	20s. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
or officertills certills		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Advanced and American Street, office bldg., etc.) (County Month, Day, Year 20d. INJURY OCCURRED Advanced and Injury Occurred American Street, office bldg., etc.)	y) (State)
For the		₹		
Viol.			21. I certify that I attended the deceased from 8-18, 19.59, ta 8-31, 19.59, that I last alive an 8-30, 19.59, and that death accurred at 12.1122M, from the causes and an the d	saw the deceased
delt by			ADDRESS (Street, city or town, stole)	DATE SIGNED
ed be	1		SIGNATURE Robert W. Trever M.D. 202 Dover St.	4-1-59
retair RAL D should			PHYSICIAN'S Robert W. Trever Easten, Md.	
HOSP may be FUNE page 3		220	9 BURIAL, CREMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOGATION (C'H) 10WA, OF COUNTY)	A (State)
VS A1S (4)		23	EUNERAL DIRECTOR'S SIGNATURE  ABDRESS  DE LOS MA PREGISTRAR 246. REGISTRAR'S SIGNATION OF DEEP 4'59  CIALINA & KLAMA	
12071 - 77 3-0		7		



VIII A15 (4) 15M 9/5S

		1		
		certificate has been signed by the attending physician and campletely filled in by the fune	e as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be all with	
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	占	hos	rial	200
	r attending physician.	ofe	p pr	tion or removed and in one event within 72 hours often death.
	Hen	lific	s the	0
	0	cer	0 2	

9567 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(	-	y	5	4	5

	CERTIFICATE OF DEATH	Reg. Dist. No.
1	1. PLACE OF DEATH 1. COUNTY Talbot  MARYLAND  2. USUAL RESIDENCE (Where deceased on STATE MARYLAND)  MARYLAND	b. COUNTY  Talb c T
	b. CITY OR TOWN (If outside corporate limits, write RURAL and aims nearest flown)  DOA  C. CITY OR TOWN (If outside corporate limits, write RURAL and aims nearest flown)  DOA  EASTON	ate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  HE MARIAL HOSPITAL  36 LOCUST	STREET ON A FARM? YES NO DE
	3 NAME OF DECRASED (Type or print) GROCGR H VOHNSON DEATH	August 23 1959
	M C WIDOWED DIVORCED 14/12/85	9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS,   lost birthday)   Months   Days   Hours   Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign co dualing most of working life, even if retired)  Domestic  MARY/And	12. CITIZEN OF WHAT COUNTRY?
)	JAMES JOHNSON MARTHA	Green
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes no. or uninopun) (If yes, give wor or doles of vervice) 214 - 0 3 - 7.530	Address
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) (a) Concorrence Jan accident	INTERVAL BETWEEN ONSET AND DEATH < 12 hours
	Conditions, (f ony, which) (b) Conclude arteriosclarosis	Unknown
	gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (c)	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  DOLL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port 1 or Port I of	CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO W
		II of stem 18 )
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 at work at work at work 19	or town) (County) (State)
	21. I certify that I attended the deceased from 19 ta	the causes and an the date stated above
		reet, city or lown, stole) DATE SIGNED
1	PHYSICIAN'S Robert W. TREVER Factory	
	220. BUR AL, CREMATION, 226. DATE THEREOF 22 TRAME OF CEMETERY OR CREMATORY 226. LOCAT BUSINESS OF THE STORY 226. LOCAT BUSINESS OF	ION (City, town, or county) (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 24a REC'D BY REGISTION	RAR 24b. REGISTRAR'S SIGNATURE

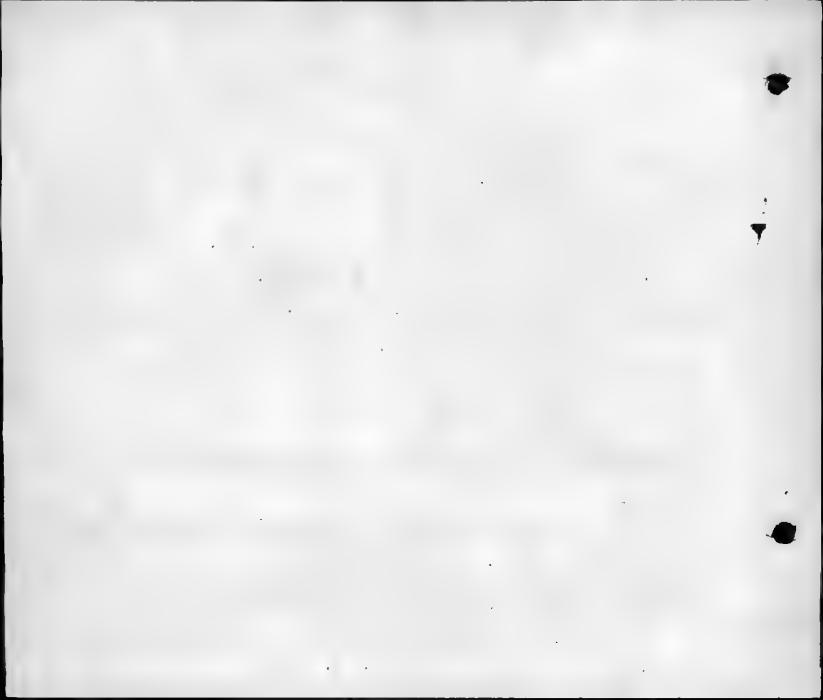


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TO DEPUTY MEDICAL EXALINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certification ling the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Provide a should be forwarde—the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your fill to FUNERAL DIRECTOR: age 3 should be used as a burial-transit permit. File ages 1 and "with the State Board of Fed its designated agent, prior to burial, cremation, or removal, and in any event within 75. Are after degited.

VS. A15ME &M 2/57

IH	tems 18-21 1	9583ME	AND S	TATE DEPA		OF HEA					095	146
=	PLACE OF DEATH	- Andrews of the Angelow of the Ange			1	2 USUAL RESIDE	NCE /W	/here decer	sed lived. If Institut	Reg. Dist. N		onl
1	a COUNTY	bot		MA	RYLAND	- STATE		land	b. COUNTY			
	b. CITY OR TOWN (III or and give regret town)	ulside corporate limits, write	RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (III	autside car	porate limits, write	The state of the s	-	1)
	Tilghm	nan		34 yr	S	Ti	ilg	hman				
	d. NAME OF HOSPITAL	OR INSTITUTION (I	f nat in hosp	ito), give street add	ress)	d STREET ADD	RES5					IDENCE FARM?
	on a b					<u> </u>					YES 🗆	ио 🔀
Э.	NAME OF DECEASED (Type or print)	Charl		Middle	т.	Lost		4. DATE OF	Month	Do:		
5.	SEX	6. COLOR OR RACE				DWery DATE OF BIRTH		DEATH	Aug 9. AGE (In years	IF UNDER TYEA		59 24 HES
	Male	White	WIDOWED		70	lug 18,	19	23	35 yrs.	Months Days	-	Min.
10	a. USUAL OCCUPATION	V (Give kind of work of	dane 10b. Kl	IND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE	(Stole	or foreign		12. CITIZEN (	OF WHAT CO	OUNTRY?
	during most of work no Water 18	life, even it refired). [ ]	02	rster		Balti	imo	re, I	vid.	US	A	
13	FATHER'S NAME					14. MOTHER'S MA	IDEN N	IAME			Andrew State of the Control of the C	~ .
	Wm. Jos	eph Lowe	ry			Elsi	le ]	M. M	attes			
	yes	IN U. S. ARMED FOR	RCES? 16. S	L6 18 25	1	FORMANT PS. Wm.	J.	Lowe:	ry, Tilg	hman,	Md.	
		Enter only one cau	se per line f	or (a), (b), and (c) }				·		INT	TRYAL BETWEEN	u ·
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution											
	9/4, 8 DUE TO											
	Conditions, If any gove rise to immedia		_								-	
	(a), stoting the un											
1,	COURT OFF	R SIGNIFICANT CON		NIE BUTING TO DE	ATH BUT NO	OT RELATED TO THE	F TERASI	NAI DISEA	SE CONDITION GIVE	EN IN PART I(A)	19 WAS AL	ITOESY
CERTIFICATION			******							LIA IIA ARAT (IO)	PERFORM YES DE	MED?
		TRIBUTING   20	eavy	rain - Boa	arded	boat bei	ng I	oumped	d out with	electr	ic pur	np
3	3:45 p.m. 8/8/59 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f. (City or town) (County)  While Not while of work of wor										(State)	
ME		8/8/59 19	at wor	k at work	Knar	ps Narro	WS	Ti	Lghman	Talbot	l.	ld_
	21. I certify the	of I taok charge	of the r				utaps	y <b>X</b>	nspection	Inquiry [	], and	in my
	opinion death r	esulted fram: 1	Vatural c	auses 🔲, Acc	cident [편	, Suicide [	], 1	Hamicid	t 🔲, Undetei	rmined manr	er 🗌	
	ACTUAL Y	0 1	1/NO	1		Chier week					DATE SIG	SNED
	SIGNATURE	Suist!	va	-(		, M D. CHIEF MEDI ASSISTANT			_	0	// .5	-G
	EXAMINER'S NAME (Type)	WE	LT	Y		DEPUTY ME		EXAMINER	<b>X</b>		-//-5	. /
22	REMOVAL (Specify)	1 1221	F	27c. NAME OF CEM				22d LOC/	ATION (City, town, a	or county)	(elbt2)	
20	Burial DIRECTORS	SIGNATURE	91	Tilghma Appress	n Me	thodist	o REC'I	D BY REGIS	ghman	Maryla	nd	
1	The state of the s	1 7		Tilg	hman	Md.		UIC 7 A		athur & H	i a m A	



**ADDRESS** 

decalebrero

24a, REC'D BY REGISTRAR

DATE SEP 1 0 '59

24b. REGISTRAR'S SIGNATURE

Orthur & Kraus

executed

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE





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	MARYLAND	STATE DEPA	ARTMENT	OF	HEALTH-	BALTIMORE,	18
57			IEICATE			·	

3310	CERTIFICA	TE OF DEATH	1	Reg. Dis	1. No.	548		
1. PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived.	If institutioni Residenc	e before odmis	sion)		
· COUNTY Talbot	MARYLAND	o. STATE ary L	an ()		roliNe	=1		
b. CITY OR TOWN (If autside corporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 15	c. CITY OR TOWN-(If or	utside corporate lim	its, write RURAL end g	ve negrest taw	n)		
Easton		Ridgehi	4	05x-2				
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	iress)	d. STREET ADDITISS	8		e. IS RE	SIDENCE A FARM?		
Memorial Hospita	٤٢				YES	] NO [		
3. NAME OF First SOLF (2) 1	Middle E .	5/ 22 17	4. DATE OF DEATH	Month	Day 9	Yeor 19 <i>5</i> 9		
		B. DATE OF BIRTH	9. AGE	(In years LITE UNDER	YEAR IF UND			
Female White WIDOWED	DIVORCED [	May 419 18	871 8		Doys Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work dane 10b, KIN during most of working life, even if retired)	AD OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITI	ZEN OF WHA	COUNTRY		
HOUSE WORK .		174			21.50			
mr. Moses Jochnour		14 MOTHER'S MAIDEN N	AME	1-				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECHBITY NO. 117 ID	FORMANT (	a wyo	Address				
(If yes, give war or dates of service)	CAL SECONITY NO		U	Address				
18. CAUSE OF DEATH [Enter only one cause per line f	es (a) (b) and (c) ]				I INTERVAL B	ETWEEN!		
PART 1. DEATH WAS CAUSED BY:		ONSET AND						
332 × IMMEDIATE CAUSE (o) U	inin a				<u> </u>			
Conditions, if any, which )								
gove rise to immediate								
Course (a), storing the under-   DUE TO     lying cause last.   (c)								
PART 11. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW INJURY OCCURRED	. (Enter nature of injury in P	ort I or Port II of il	em 18.)		<u> </u>		
	RY OCCURRED 200 PLA	CE OF INJURY (Home, farm,	205 (51)					
Haur o. m. While	Not white fac	lary, street, office bldg., etc.)	) i	n) (Ca	ounty)	(Stote)		
21. I certify that I attended the deceased from Gleg. 1959, to Gleng, 1959, that I lost sow the deceased								
olive on, 1257, and that death occurred at 12 20 M, from the couses and on the date stated above.								
ADDRESS (Street, city or town, state), DATE SIGNED								
SIGNATURE Pleas from Ha	cris de 1	A.D. Cal	elen 1	ing low	1 12	leng.		
PHYSICIAN'S THURSTON AA	FR 12 15 214			<i></i>		/		
220. BUTIAL, CREMATION, 22b. DATE THEREOF REGOVAL (Specify) Control Co	Corpered	CREMATORY	22d LOCATION (C	er Loro	(Sto	(e) 足		
28 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS )	/ / 24a. REC'D	BY REGISTRAR	24b REGISTRAR'S SIG	NATURE			
1. "Koone of for	Jembon,	tico , BATE 1	7 '50	01.04				

VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/55 制

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9571 CERTIFICATE OF DEATH

09550

<u> </u>	Keg. Uist. No.
1	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY
L	Taloo MARYLAND Mary and Ducenance
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest flown)
L	Easton The 5 min ("hester 11"
	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTIONS  e IS RESIDENCE ON A FARM?
L	Easton Memorial Mospital YES NOD
3.	NAME OF DECEASED   First   Middle   Lost   4. DATE   Month   Day Year
L	(Type or print) Daby 1304 Sport DEATH (UOUST 2/ 1955)
ľ	6. COLOR OR RACE   MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In year)   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
L	Male WIDOWED DIVORCED UUQUST 31 1959
110	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COVINTRY during most of working life, even if refired)
L	noryland 4.5H
13	FATHER'S NAME 14 MOTHER'S MADEN NAME
L	Torold Durdelle Show Torce Tertins
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
L	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Constant  Constant  APLIA
	761,5 DUE TO 0
	Conditions, if any, which ) (b) Varallele
	gove rise to immediate couse (o), stoling the under DUE TO
	lying couse lost. (c) Placelle Process
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED?  YES  NO
CERTIFI	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form, 20f. (City or lown) (Caunty) (State)
MED	Hour o. m.  While Nat while of work of
	21. I certify that I attended the deceased from \$121 , 1959, to \$121 , 1959, that I last saw the deceased
ı	alive on 19 1, and that death accurred at 1:40 AM, fram the causes and an the date stated above
П	ADDRESS (Street, city or town, stote)  DATE SIGNED
	SIGNATURE SIGNATURE AND Question My. 8/26/
П	
L	PHYSICIAN'S INVINCE, HOY MU
22	BURIAL, CREMATION, 22b. DATE/THEREOF / 22c. NAME OF CEMETERY OR CREMATORY / 22d. LOCATION (City, town, or colypty) (Stote)
9	removal (Specify) 1 8/26/59 manural topp Lasley Md
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAGE REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	aug 2 8 '59   Gothar & House



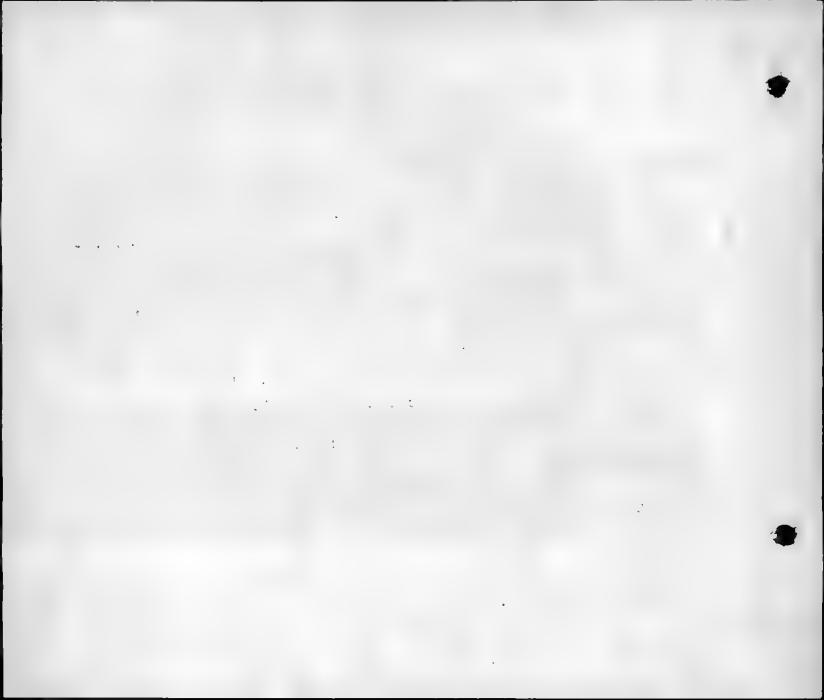
V	1	
FOR	STA	TE
HEALT	H D	EPT.

## 9584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	13	5	5	1
Dist.	No.	17	0	7

D. COUNTY  TALBOT  MARYLAND  D. CITY OR TOWN If earlies despecially being a superior being, wine 8UPAL  D. CITY OR TOWN If our or expecial being.  NR OXFORD  C. CITY OR TOWN If earlies only and the superior being, wine 8UPAL  C. CITY OR TOWN If earlies only and the superior being, wine 8UPAL  C. CITY OR TOWN If earlies only and the superior being, wine 8UPAL  C. CITY OR TOWN If earlies only and superior being, wine 8UPAL  C. CITY OR TOWN If earlies only and superior being, wine 8UPAL  C. CITY OR TOWN If earlies only an earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CITY OR TOWN If earlies I wine 8UPAL  C. CATY OR TOWN  I wine 4. DATE  Month  D. DATE  D. DATE  Month  D. DATE  D. DATE  D. DATE  Month  D. DATE  D. DATE  D. DATE  D. DATE  D. DATE  D.							B191. 140.
D. CITY OF TOWN IT son to experse hinds, write RURAL and give nearest town)  NR OXFORD  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  J. STREET ADDRESS  JONE  J. ST	PLACE OF DEATH		The second secon	13			_
NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street eddress)  JONE  JO	TA	LBOT	MARYLAND	I want Lat	yrand .	. COUNTY IT	albot
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  JONE  ON A TARKY  ON A TARKY  OF DECEASED (Type or print)  Thomas  Spar  Thomas  Spar  I Lost  Spar  I OBLET ADDRESS  TONE  ON A TARKY  YES   NO DI  Spar  TO BEATH  Spar  P. AGE In your Months  Doy Hours  Min.  WIDOWED   DIVORCED   4/5 / 1800  Spar  III City on the work done 10b. KIND OF BUSINESS OR INDUSTRY III SIRTHPLACE (Stote or foreign country)  WIDOWED   DIVORCED   10 SIRTHPLACE (Stote or foreign country)  WIDOWED   10 SIRTHPLACE (Stote or foreign country)			c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL (	and give nearest fown)
3. NAME OF DECEASED (Type or print)  Thomas  Spa-1  Ost 4. Date Month 222  19.59  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF DIVORCED 14/5/1890  FORTH MIDDEN TYPER IF UNDER 24 HF  Months Days Hour Min.  10. U.S. A.  Address  Thomas Sparklin  13. FATHER'S NAME  Thomas Sparklin  Thomas Sparklin  14. MOTHER'S MAIDEN NAME  Thomas Sparklin  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17 INFORMANT  Address  17. WAS DECEASED EVER IN U. S. ARMED FORCES?  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED EVER IN U. S. ARMED FORCES.  19. AND DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOURS.  19. AND DECEAS	NR OXE	ORB		X Oxfor	d		
DECASED (Type or print)  Thomas Spar 1 Death 8 22 1959  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DA' OF 18 17 H  WIDOWED DIVORCED 4/5 /1800 6. DA' DE 18 14 UNDER 14 HE UNDER 1	d. NAME OF HOSPI	IAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	None		ON A FARM?
(b) COLOR OR RACE   The MARRIED   S. SEX   6. COLOR OR RACE   The MARRIED   S. SEX   The Married   T	3. NAME OF	First	Middle	lost		Month	Doy Year
Months   Days   Hours   Min.   Days   Hour		Thomas	SI	a l'		8	1
10.0. USAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHFLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY BOAT BUILDED 14. MOTHER'S MAIDEN NAME  13. FATHER'S NAME  Thomas Sparklin  Thomas Sparklin  14. MOTHER'S MAIDEN NAME  Thomas Sparklin  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  17. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  218-14-4325 ILTEGATE SPARLLIN, OXFORD, MAINTENANCE OVER AND CHARLES FOR INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  218-14-4325 ILTEGATE SPARLLIN, OXFORD, MAINTENANCE OVER AND CHARLES FOR INFORMANT  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  218-14-4325 ILTEGATE SPARLLIN, OXFORD, MAINTENANCE OVER AND CHARLES FOR INFORMANT OXFORD IN THE STANDARD OF AND CHARLES FOR INFORMANT OXFORD IN THE STANDARD OXFORD OXFORD OXFORD IN THE STANDARD OXFORD OXFO	5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 6	DA" OF RETH			ER TYEAR IF UNDER 24 HPS
100. USUAL OCCUPATION (Give Lind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  DOIL BULL GET  13. FATHER'S NAME  Thomas Sparklin  14. MOTHER'S MAIDEN NAME  Ella Lowery  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  FIG. 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gove rise to immediate course (a), straining the underlying (c), straining the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 179. WAS AUTOPSY PER CAUSE OF DEATH.  20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 10  20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 11  20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 11  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e FLACE OF INJURY (Home, form, 20f. (City or Pown))  (County)  (State)	11030	WIDO WIDO	WED DIVORCED	4/5 /189	0 69	Mentitie	Days Hours Min.
BOAL BULLDER  THOMAS Sparklin  14. MOTHER'S MAIDEN NAME  Thomas Sparklin  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17 INFORMANT  Address  PART I. DEATH WAS CAUSED BY:  Conditions, if any, which gove rise to immediate coute (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION SCIENCES. SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION SCIENCES. SIGNIFICA	10a, USUAL OCCUPATI	ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Sto	ofe or foreign country)		ITIZEN OF WHAT COUNTRY
Thomas Sparklin  Ella Lowery  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17 INFORMANT  Address  218-14-4325 Lingaret Sparklin, Oxford, Ameryland  18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rire to immediate cause (o), staring the underlying cause loat.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  PRIOR CARDIAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY DEC CURRED. (Enter noture of injury in Port (or Port II of item 18)  200. EXTERNAL CAUSE WAS PRIMARY DEC CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (County) (Stole)	Boat Bui	ng life, even if refired) Lder					U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Address   17. INFORMANT   Address   218-14-4325   11. TEATED SPATILLIN , OXFORD,   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)   CORONARY OCCLUSION   IMMEDIATE CAUSE (o)   IMMEDIA	13. FATHER'S NAME						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, DEATH SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, DEATH SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?   PART II, DEATH SIGNIFICANT		Thomas Spar	rklin	Ella	Lowery		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port ( or Port II of item 18 )  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port ( or Port II of item 18 )  201. TIME OF INJURY Month, Doy, Year 200. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 201. (City or fown) (County) (State)	15. WAS DECEASED E	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	NFORMANT		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY OCCLUSION  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b)  PRIOR CARDIAC CONDITION  PRIOR CARDIAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II  CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year  20d. INJURY OCCURRED  20e PLACE OF INJURY (Home, form, 120f. (City or fown))  (County)  (State)	No			rrgaret S	parklin,	Oxford,	Laryland
DUE TO  Conditions, if any, which gover rise to immediate couse (a), starting the underlying (cause last.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19, WAS AUTOPSY PERFORMED?  PRIOR CARD IAC CONDITION  PRIOR CARD IAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING III  CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CONTRIBUTING III  CAUSE OF DEATH.  200. ENTERNAL CAUSE WAS PERFORMED?  PRIOR CARD IAC CONDITION  (County) (State)			line for (a), (b), and (c).}				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gover rise to immediate cause (a), stating the underlying (b) DISCOVERED NEXT DAY)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19, WAS AUTOPSY PERFORMED?  PRIOR CARD IAC CONDITION  PRIOR CARD IAC CONDITION  200. EXTERNAL CAUSE WAS PERFORMED?  PRIOR CARD IAC CONDITION  200. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 6 or Port 11 of item 18.)  201. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH.  202. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH.  203. EXTERNAL CAUSE WAS CAUSE OF DEATH.  204. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH.  205. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH.  206. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH.  207. TIME OF INJURY Month, Doy, Year COUNTY DEATH OF THE OF INJURY (Home, form, injury of the bloom, etc.)	PART I. DEA	TH WAS CAUSED BY: C	DRONARY OCCLU	SION			IMMED
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(0) 19. WAS AUTOPSY PERFORMED?  PRIOR CARD AC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II  CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown)) (County) (State)	420,1	DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IIN PART I(a) 19. WAS AUTOPSY PERFORMED?  PRIOR CARDIAC CONDITION  PRIOR CARDIAC CONDITION  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 6 or Port II of item 18)  CAUSE OF DEATH.  20b. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown)) (State)	Conditions, if	any, which ) (b)	(DIED ON BI	AT WHILE	ETCHING-	000V	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PRIOR CARDIAC CONDITION  PRIOR CARDIAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II  CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown)) (State)		diate cause				BUUI	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?  PRIOR CARDIAC CONDITION  PRIOR CARDIAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY GOOD CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)		anderlying	DISCOVE	RED NEXT D	DAY)		
PRIOR CARDIAC CONDITION  PRIOR CARDIAC CONDITION  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Fort 6 or Port 11 of item 18)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)	Z PART II, OT		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN P	ART HONTE, WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State)	8		-				PERFORMED?
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Pull House I Make the state of toctory, tireet, office order, etc. [ ]	3 20c. TIME OF INJU			CE OF INJURY (Home, fo	rm. 20f. (City or fown	) ((	County) (State)
C (11Pm: 8-22 19 of work   Of work   CHOPTANK RIVER	C HOW 1Pm	8-22 17		_			
21. 1 certify that I took charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my						on [] Inqu	uiev 🔲 and in my
apinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner						11	-
ACTUAL LOCAL PROPERTY DATE SIGNED	ACTUAL	Louis Mea	t.	CHIEF MEDICAL	EXAMINER [7]		DATE SIGNED
M.U.	SIGNATURE	1000-111	7	_ M.D.	-		0 01 50
EXAMINER'S NAME (Type)  LOUIS S. WELTY  DEPUTY MEDICAL EXAMINER   8-24-59		Louis Sa	WELTY				8-24-59
270. BURIAL, CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Signal)		ON, 276. DATE THEREOF	77c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (Ci	ty, fown, or county	) (State)
REMOVAL SPECIFY)	220- BURIAL, CREMAIN	)	0 0 -				
23. PUNERAL DIRECTOR'S SIGNATURE ( ) ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify	1 8/25/59	Oxford		Oxford	" anol	and
J. G. Dore Paint Stream North M. DATE AUG 2 5 '58 Course 4	Burial	8/25/59		24o. RE	Oxford.	- Legenine	ond

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, plea execute the certification with the word "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral director, possible to wards. It is the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your form to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hebrar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 boars after death. VS. A15ME 5M 2/57



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	30	, 13		CERT	IFICA	TE OF D	EATH	t		Reg. Di	ist. No.		
1.	PLACE OF DEATH D. COUNTY Tall	ret		MAR	YLAND	2. USUAL RESID o. STATE	ence (wh		b. COUNTY	on Resider			ion)
Г	b. CITY OR TOWN (If	autside carparate lim	its, write	c. LENGTH OF STA	Y IN 1b			utside corporote					1)
L	Eastor	1		ll yı	rs		Chur	ch Hill		/ x			
	d. NAME OF HOSPITA OR INSTITUTION Home fo	r Aged Wor	~	oddress)		d. STREET AL	DDRESS						IDENCE FARM?
3.	NAME OF DECEASED	Fi	rat	Middl	le	Last		4. DATE OF	Mon	th	Da	7	Year
	(Type or print)	ANNIE	MAT:	ILDA SF	RY			DEATH	Aug				19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	RIED 🕅 8.	DATE OF BIRTH		9 4	GE (In years ost birthdoy)	IF UNDE			R 24 HRS
	female	white	WIDOWS			Feb. 28,		4	85 m	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign countr	у)	12. CI	TIZEN O	F WHAT	COUNTR
	n rooming		<u> </u>				Md.				τ	s.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L	John L.						Emma.	Cahoon					
15.  Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY N	O. 17. INF	ORMANT			Addr	ess			
L			ļ	none	l	Home Re	cords	3					
		H [Enter anly ane co	ouse per lin	e for (a), (b), and (c	1-]	- /					INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	0)	Lauti	u xu	whene						teut	
	420.1	DUE TO	)	1,	/	6 1							
	Conditions, if un		o)(c	Course au	y all	worch	com						
	gave rise to im couse (a), stating (												
_	lying cause last.	) (c	c)										
CERTIFICATION		ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THETERMI	NAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(o) 11	PERFO	AUTOPSY RMED? NO []
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in P	art I or Part II a	f item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. p.	Manth, Day, Ye		JURY OCCURRED	20e. PLAC	E OF INJURY (H	lome, farm,	20f. (City or t	own]	-	County)		(State)
MET	p. m.	19	While of worl	Not white	Tuçio	is, medi, orace	olog., etc.	1					
	21. I certify the	t I attended the	deceose	ed from	Rule	. 19 59	. to	19 Uses	, 1953	that I	last sa	w the	decens
	alive on	steve.	19.5	7	t death o	occurred at_							
		1111	8.1					DDRESS (Street,					TE SIGNI
	ACTUAL SIGNATURE	Much Mar	A	tues du	. м.	n.					2	1/16	ea 53
	PHYSICIAN'S NAME (Type)	Dr. Thu s	ton H	arrison				To	aston.	Ma .			71
=										224,4			
ZZC	BURIAL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEA	AETERY OR	CREMATORY		22d. LOCATION	(City, town o	r county)		[Steel	e)
B	BURIAL, CREMATION REMOVAL (Specify)	Aug. 21		Church				22d. LOCATION Churcl			r] a n	(State	•)
B 23.	BURIAL CREMATION REMOVAL (Specify) unital FUNERAL DIRECTOR'S Maurice E.	Aug. 21	,1959			emetery	24a. REC'C		HIII.	Mar	GNATUR	d E	P)

TO HISPITAL OR ATTENDING EMYS MAN. The tom requires that the danth canifican be executed within 24 hours after death: Boge 4 or this certificate has been signed by the attending physician and campletely filled in by the funer of for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be of, crematian, or remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR page 3 should be detached f the registror prior to buriol, or

rector.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) 1. PLACE OF DEATH o COUNTY. **b. COUNTY** MARYLAND b CITY OR TOWN (if or taide corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) give street address) d. NAME OF HOSPITAL (If not in hospital, d. STREET ADDRESS. ... IS RESIDENCE ON A FARM? NAME OF Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday Months Days Hours Min DIVORCED [ WIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of york, ag life, even if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER'S MAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 13-22-8743 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 42000 **DUE TO** Conditions, if ony, which (6) gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?4 ,0 YES 🗍 NO D 200 ACCIDENT WAS LINDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part III of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f [City or town) Day, Year 20d INJURY OCCURRED {County} (State) foctory, street, office bldg., etc.) Hour om. While Not while of work of work 19\_57, that I last saw the deceased 21. I certify that I attended the deceased fram. alive on\_ that death occurred at M, fram the causes and an the date stated above. MESS (Street/city or town, state) DATE SIGNÉD ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (etota) 23 **ADDRESS** 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DARUG 2 7 '59 Calling & Krama

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**burial-transit** 

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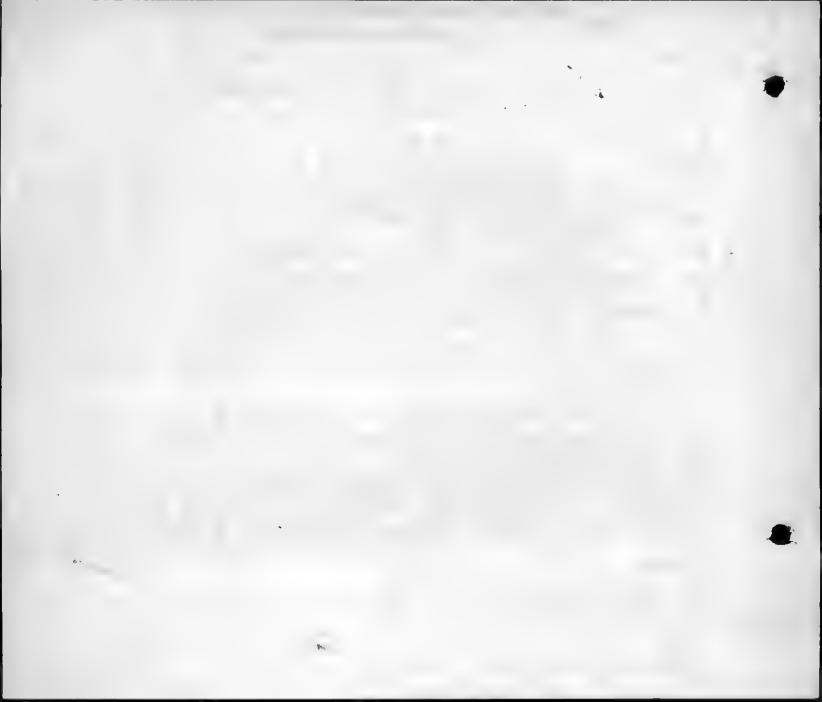
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FUNER.

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VS A15 (4) 15M 9/55

removoľ,



24b. REGISTRAR'S SIGNATURE

Cithus & Kraus

DATE SEP 1

VS A15 (4) 15M 9/SS UNERAL DIRECTOR'S SIGN

**CERTIFICATE OF DEATH** Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negres town) d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT NAME OF 4. DATE OF DEATH Eint Middle Lost Doy Year (Type or print) 19,5 9. AGE (In foors IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Doys WIDOWED | DIVORCED [ popers. yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLA E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond corbon ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED/FORCES? TI6. SOCIAL SECURITY NO NFORMAN Address (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 늄 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** Š Ē Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (a), stating the underlying cause last burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PENFORMED? YES D NO Z 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ő 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) Hour o m factory, street, affice bldg., etc.) White Not while at work at wark ... 19 Light I last saw the deceased 21. I certify that I attended the deceased from a and that death accurred at 2.30.4%, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OF TREMATORY 220. BURIAL CREMATION. 22b, DATE THEREOF 22d LOCATION (City, town, or county) (Stofe) REMOVAL (Specify) 0 23/ FUNERAL DIRECTOR'S SIGNATURE A'DDRESS. REC'D BY REGISTRAR 240 24b REGISTRAR'S SIGNATURE Cirthur & Krous VS A1S (4) 15M 9/53

9575 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSFILM OR ATTENDING PHYSICIAN: II tow requires that the death certificate ball executed within 28 haurs after Baoth 1 lage 4 may be retained by spital or otherding physician.

TO FUNERAL DIRECT:

The first consistency of the service is the been signed by the attending physician and campletely filled in by the funipage 3 should be detained for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours, often death.

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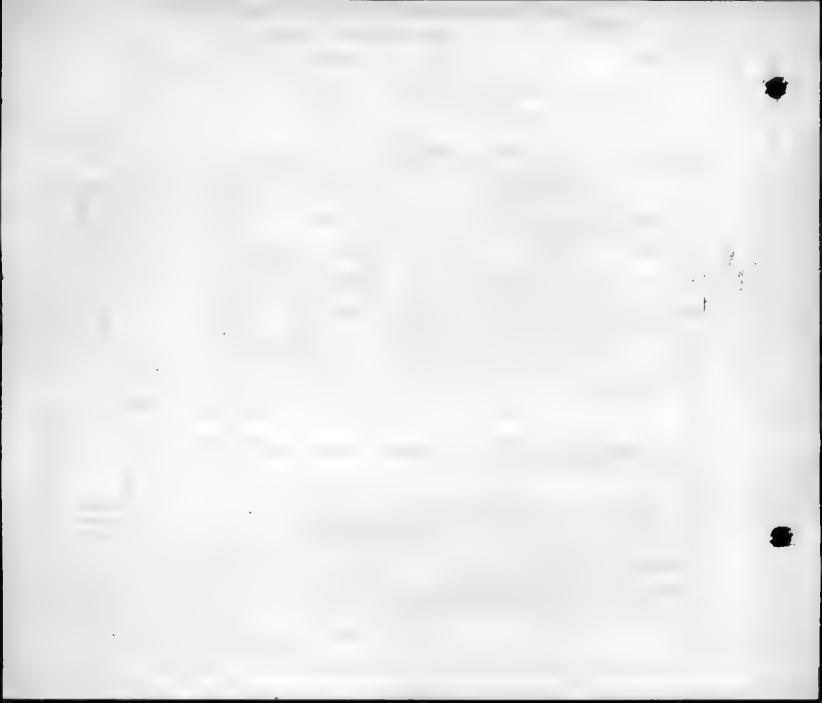
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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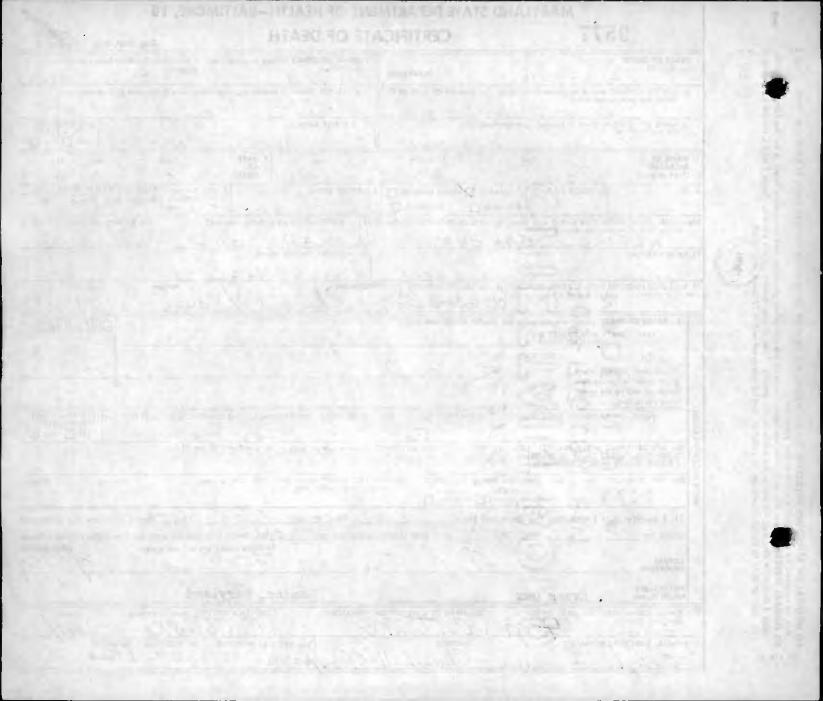
1. PLACE OF DEATH O. COUNTY A 6 T  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Peridence before admission) O. STATE A 4 / A 6 COUNTY  B. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  RURAL and give nearest town)  A 5 / O 1 40 / O 1 C CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town)
RURAL and give nearest fawn) LAS LALL 1/22 February Control of Con
d. NAME OF HOSPITAL All not in hospital, give street oddress / d STREET ADDRESS / e. IS RESIDENCE ON A FARM YES   NO.
3. NAME OF DECEASED (Type or print) MARGARCT HANDSON DEATH QUES. 4 Day Year 193
5. SEX 4   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 F   lost birthday)   Months   Days   Mours   Millian   Millian
100. USUA) OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE/State or foreign country) 12 CITIZEN OF WHAT COUNTRY AND ARI; AAA USAA
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MOTHER'S MAIDEN NAME  18. MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME  18. MOTHER'S MOTHER'S MO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 17 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 18 INFORMANT Clarify no for unknown) I [If you, give wor or dotal of larvice] 16 SOCIAL SECURITY NO 18 INFORMANT CLARIFY no for unknown) I [If you, give wor or dotal of larvice] 17 INFORMANT CLARIFY no for unknown) I [If you, give wor or dotal of larvice] 18 SOCIAL SECURITY NO 18 INFORMANT CLARIFY no for unknown) I [If you, give wor or dotal of larvice] 18 SOCIAL SECURITY NO 18 INFORMANT CLARIFY no for unknown) I [If you, give wor or dotal of larvice] 18 SOCIAL SECURITY NO 18 INFORMANT CLARIFY no for unknown in the security no for unkno
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Corbi al like liste  ONSET AND DEAT  Show the service of the
Conditions, if any, which ] (b) Letter earline Three basis 5 wh
gave rise to immediate couse (a), stating the under:  lying cause last.  DUE TO  Consumary Human brein & way sear dial wifas after
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED.  YES   NO
200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 )  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Steep 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Steep 20d. INJURY Month. Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Steep 20d. INJURY Month. Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Steep 20d. INJURY Month. Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Steep 20d. INJURY Month. Doy, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Steep 20d. INJURY Month. Doy, Year 20d. INJURY
21. I certify that I attended the deceased from 3 living 1939, to 4 living 1939, that I last saw the dece
alive on
PHYSICIAN'S THURSTON HARRISON Le Cley, S
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stop)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE AUG 1 0 '59 Orthur 8. House

VS A15 (4) 15M 9/55



9577 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL) and give nearest town) RURAL and give nearest town) should - CLOIDE d. NAME OF HOSPITAL (If not in hospital, give sireet address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 080 YES NO NAME OF Middle 4. DATE Lost Month Year OF DEATH (Type or print) 19 5 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. ADATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED lost birthday) Months Days WIDOWED T DIVORCED [ papers. 106. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? 13. FATHER'S NAME physician 50 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO U. INFORMANTO Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 hr IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour e.m. Not while at work of work 21. I certify that I attended the deceased from 7.that I last saw the deceased , and that death occurred at 1.3.00 km, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE plan PHYSICIAN'S NAME (Type) Easton, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or apunty) 22c. NAME OF CHMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling S. Firmes DATE AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If miside coppgrate lights, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NOF Bug 2. NAME OF Middle 4. DATE Lost Day Year Month DECEASED (Type or print) Pages DEATH 19 5. SEX & COLON OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) completely IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours popers. WIDOWED D DIVORCED T yrı. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during those of working life, eyen if retired) 12. CITIZEN OF WHAT COUNTRY? puseure puo corbon 14. MOTHER'S MAIDEN NAME S P 13. FATHER'S NAME physicion 72 hoors 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12:31NFORMANT Address ending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), egd (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Ē Conditions, if any, which gave rise to immediate Be DUE TO cause (a), stating the underpuo lying couse lost. buriof-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from That I last saw the deceased alive on , and that depth accurred at PM, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE DIR ploods NAME (Type) 3 220. BURIAL, CREMATION, DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 23. FUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) Brillian & track 15M 9/55 DAMBIG 1 9 '59

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